

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

|  |                   |                                       |              |          |
|--|-------------------|---------------------------------------|--------------|----------|
| 1 Date of Request:   | 2 Serial/Patent # | 10 522071                             |              |          |
| 3 Please refund the following fee(s):  |                   | 4 PAPER NUMBER                        | 5 DATE FILED | 6 AMOUNT |
| Filing   |                   | 201 JUN 05                            | \$ 660       |          |
| Amendment  |                   |                                       | \$           |          |
| Extension of Time  |                   | 5/6                                   | \$           |          |
| Notice of Appeal/Appeal  |                   | 6/6                                   | \$           |          |
| Petition   |                   |                                       | \$           |          |
| Issue  |                   |                                       | \$           |          |
| Cert of Correction/Terminal Disc.  |                   |                                       | \$           |          |
| Maintenance  |                   |                                       | \$           |          |
| Assignment   |                   |                                       | \$           |          |
| Other  |                   |                                       | \$           |          |
|  |                   | 7 TOTAL AMOUNT OF REFUND              | \$           |          |
| 10 REASON:   |                   | 8 TO BE REFUNDED BY:                  |              |          |
| Overpayment  |                   | Treasury Check                        |              |          |
| Duplicate Payment  |                   | Credit Deposit A/C #:<br>, 01 -- 1944 |              |          |
| No Fee Due (Explanation):<br><br>Refunded 460 - fee code 1201,<br><br><i>[Signature]</i> |                   |                                       |              |          |
| 11 REFUND REQUESTED BY:  |                   |                                       |              |          |
| TYPED/PRINTED NAME:  |                   | TITLE:                                |              |          |
| SIGNATURE:   |                   | PHONE:                                |              |          |
| OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****                            |                   |                                       |              |          |
| APPROVED:  |                   | DATE:                                 |              |          |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B